YAG Peripheral Iridotomy

Key Facts

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

Why you may need it

The drainage angle is the space between the coloured iris and the cornea through which fluid leaves the eye. In some eyes this space is unusually narrow or at risk of closing. If it closes suddenly, pressure inside the eye can rise rapidly and threaten vision. A peripheral iridotomy is designed to reduce that risk.

What the laser does

A YAG laser creates a tiny opening in the outer iris, usually hidden beneath the upper eyelid. It gives fluid an alternative route from behind the iris to the front of the eye, letting the iris fall back and reducing the risk of pupillary-block angle closure. There is no incision and no tissue is removed.

Do you need treatment?

Not every narrow angle needs laser. A large randomised trial found the absolute risk of an angle-closure event in uncomplicated narrow angles to be low, and national guidance does not recommend preventative laser for everybody. Treatment is more likely if you have already had an episode of angle closure, if pressure is rising, if parts of the angle are already closing, or if your anatomy or circumstances place you at particular risk. If observation is safer, we will say so.

Why measurement decides

Narrow angles describe a spectrum, not a single condition. Assessment may include eye pressure, examination of the drainage angle, anterior segment imaging, examination of your natural lens, optic nerve assessment and visual fields. The question is not only how narrow the angle is, but why, and whether an iridotomy is likely to help.

On the day

- Eat, drink and take your usual medication normally.
- Drops prepare and numb the eye. Pilocarpine can cause brow ache and temporary darker vision.
- A small contact lens rests on the eye to focus the laser.
- You see a bright light and hear clicks. Some notice brief stinging.
- The laser takes only a few minutes, and your pressure is checked before you leave.
- Do not drive yourself home.

Afterwards

Mild aching, light sensitivity, blurred vision and redness can occur briefly. Anti-inflammatory drops are normally used for a few days. Continue existing glaucoma medication unless told otherwise. Follow-up checks that the opening is patent, measures your pressure and reassesses the angle.

Main risks

A temporary rise in eye pressure is the most important early risk, which is why pressure is checked after treatment. Inflammation is common and short lived. Small bleeding from the iris can occur and usually stops during the procedure. Some patients notice a line, glare, shadow or ghost image afterwards; this usually improves but can persist. Occasionally the opening needs further laser. Serious complications are very rare.

An iridotomy does not guarantee the angle will open

Pupillary block is only one reason an angle can be narrow. In some eyes the angle remains narrow after a technically successful iridotomy, because of the underlying anatomy or the size and position of the natural lens. Continued observation, further laser or lens surgery may then be recommended. Follow-up establishes what the opening has achieved, not merely that it exists.

One eye or both

If both eyes are anatomically at risk, both may need treatment. They can often be treated at the same visit, and your consultant will discuss the appropriate approach.

Warning signs, seek urgent assessment

Severe or increasing eye pain, worsening blurred vision, marked redness, worsening halos, headache, nausea or vomiting can indicate a significant pressure rise. Contact Blue Fin Vision® without delay or attend an eye casualty department. If you have narrow angles and have not yet been treated, these symptoms may indicate acute angle closure and need same-day assessment.

Costs

Consultation and diagnostic assessment: £325. YAG peripheral iridotomy: £750 one eye, £1,200 both eyes. Private medical insurance commonly covers medically indicated treatment, subject to your policy and authorisation. Where an iridotomy is clinically required as part of another Blue Fin Vision® pathway, that pathway and its quotation take precedence.

What the laser fee includes

Treatment by a Blue Fin Vision® consultant ophthalmic surgeon, all laser needed to create the planned iridotomy, your pressure check, post-treatment medication, routine follow-up, and any further laser to complete or enlarge an iridotomy we have created. Treatment of a separate condition found at assessment is quoted separately.

This page is a summary, not a consent document

It does not replace the full YAG Peripheral Iridotomy patient information booklet, which contains the complete information on why treatment may be recommended, alternatives, risks, warning signs and aftercare, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: **The Blue Fin Vision® Advantage**